

Candidate Physical Ability Test – CPAT Registration

To register for the test please complete the form below and return it with payment to the Connecticut Fire Academy. The fee for the test is \$65.00 and is payable by cash, check or VISA/MasterCard. You will be notified of your test date and time by mail. There will be two test sessions each day. The morning session is 8:00 AM – 12:00 PM with the afternoon session running from 12:30 PM – 4:30 PM. **YOU WILL BE REQUIRED TO ARRIVE ONE-HALF HOUR BEFORE YOUR SCHEDULED TEST SESSION BEGINS AT THE MERIDEN FACILITY.**

(Directions to the Meriden CPAT Center will be sent to you along with the Candidates Guide, which you will receive after registering).

Please print or type and return with payment to:

**CONNECTICUT FIRE ACADEMY
34 PERIMETER ROAD
WINDSOR LOCKS, CT 06096**

www.ct.gov/cfpc

Candidate Physical Ability Test - \$65.00

Information Regarding Disclosure of Your Special Social Security Number Under PL-579, Section 7(b) – E.O. 9397 authorizes the collection of the SSN. The SSN is necessary because of the large number of individuals who have identical names and birth dates and whose identities can be only be distinguished by the SSN. The SSN is used for record-keeping purposes, i.e., to ensure that your records are maintained accurately. Disclosure of the SSN is voluntary. However, if you do not provide your SSN, another number will be substituted, which will delay processing of your application and future record retrieval.

Department for which you are testing: _____ Security No: _____

Last Name: _____ First Name: _____ MI: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

Payment method: Credit Card: ☐ Visa ☐ MasterCard _____ Expiration Date: _____

☐ Check: _____ Card Holders Signature: _____

THE FOLLOWING INFORMATION SUCH AGE, SEX, AND ANCESTRAL HERITAGE ARE USED FOR STATISTICAL PURPOSES ONLY AND WILL NOT BE SHARED WITH ANY EMPLOYER AND IS REQUIRED TO BE REGISTERED FRO THE CANDIDATE PHYSICAL ABILITY TEST.

***FAILURE TO SUPPLY DEMOGRAPHIC DATA WILL RESULT IN YOUR APPLICATION AND
PAYMENT BEING RETURNED TO YOU.***

Date of Birth: (Mo. Day Yr.) _____

SEX: ☐ M ☐ F (Please check one)

Please Check the Race(s) Which Best Applies to You:

1. ☐ AMERICAN Indian or ALASKAN NATIVE
2. ☐ ASIAN
3. ☐ BLACK or AFRICIAN AMERICAN
4. ☐ WHITE
5. ☐ NATIVE HAWAIIAN or PACIFIC ISLANDER

Please Check the Ethnicity Which Best Applies to You

1. ☐ HISPANIC or LATINO
2. ☐ NOT HISPANIC or LATINO